


ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

#30 DECEMBER 14, 2010


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EXECUTIVE OFFICER

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Board of Supervisors

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December 14, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

John F. Schunhoff, Ph.D.
Interim Director

Gail V. Anderson, Jr., M.D.
Interim Chief Medical Officer

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT (ALL DISTRICTS) (3 VOTES)

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
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SUBJECT

www.dhs.lacounty.gov

*To improve health
through leadership,
service and education.*

To request Board approval for the Interim Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT YOUR BOARD:

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, of the following individual accounts:

Patients who received medical care at County facilities:

- (1) Account Number H-UCLA MC – Various \$1,500
- (2) Account Number LAC+USC MC – 6256851 \$1,679
- (3) Account Number LAC+USC MC – 0173782 \$2,000
- (4) Account Number H-UCLA MC – Various \$3,541
- (5) Account Number LAC+USC MC – Various \$3,787
- (6) Account Number RLANRC – Various \$4,167
- (7) Account Number H-UCLA MC – 0230492 \$4,861
- (8) Account Number LAC+USC MC – 0282957 \$4,890



- (9) Account Number H-UCLA MC – Various \$5,000
- (10) Account Number LAC+USC MC – Various \$5,435
- (11) Account Number H-UCLA MC – Various \$9,000
- (12) Account Number H-UCLA MC – Various \$29,750

Trauma patients who received medical care at non-County facilities:

- (13) Account Number EMS - 229 \$4,110

Total All Accounts: \$79,720

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at a County facility: The compromise offers of settlement for patient accounts (1) - (12) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases.

Trauma patients who received medical care at non-County facilities: The compromise offer of settlement for patient account (13) is recommended because the County has agreements with certain non-County medical facilities under which it pays for trauma care provided to eligible indigent patients at those facilities. These agreements allow the County, after it has made payment for a particular patient, to pursue recovery from third parties who are financially responsible for such trauma care.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately \$79,720.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) \$15,000, or ii) \$75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, your Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, your Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and

related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by your Board on December 8, 2005.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient during the legal process.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Fund.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John F. Schunhoff", with a stylized, cursive script.

JOHN F. SCHUNHOFF, Ph.D.
Interim Director

JFS:lg

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

A FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1
DATE: DECEMBER 14, 2010

Total Gross Charges	\$28,081	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$28,081	Date of Service	Various
Compromise Amount Offered	\$1,500	% Of Charges	5 %
Amount to be Written Off	\$26,581	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$28,081 for medical services rendered. The patient is not eligible for Medi-Cal or any of Los Angeles County's low cost/no cost programs. The patient's third party liability (TPL) claim settled for \$10,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	-	-	-
Lawyer's Cost *	\$30,797.58	\$7,000	70 %
H-UCLA Medical Center **	\$28,081	\$1,500	15 %
Other Lien Holders **	\$37,222.60	\$1,500	15 %
Patient	-	-	-
Total	-	\$10,000	100 %

* Due to the attorney's cost and low settlement amount, the attorney is waiving his fees to recover only a portion of his costs.

** Lien holders are receiving 30% of the settlement (15% to H-UCLA Medical Center and 15% to others). This settlement distribution is consistent with the Hospital Lien Act (California Civil Code section 3045) which indicates that lien holders are entitled to up to 50% of the settlement after deducting attorney's fees and cost.

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2
DATE: DECEMBER 14, 2010

Total Gross Charges	\$36,492	Account Number	6256851
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$36,492	Date of Service	8/11/07 – 8/16/07
Compromise Amount Offered	\$1,678.62	% Of Charges	5 %
Amount to be Written Off	\$34,813.38	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in a slip and fall accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$36,492 for medical services rendered. The patient qualifies for Section 1011 coverage so DHS will refund any payments received from Section 1011 once payment from this settlement is received. No other coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$10,000 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$4,000	\$4,000	40 %
Lawyer's Cost	\$1,615.46	\$1,615.46	16 %
LAC+USC Medical Center *	\$36,492	\$1,678.63	17 %
Other Lien Holders *	\$35,000.29	\$1,610	16 %
Patient	-	\$1,095.91	11 %
Total	-	\$10,000	100 %

* Lien holders are receiving 33% of the settlement (17% to LAC+USC Medical Center and 16% to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3
DATE: DECEMBER 14, 2010

Total Gross Charges	\$85,148	Account Number	173782
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$85,148	Date of Service	10/31/09 – 11/14/09
Compromise Amount Offered	\$2,000	% Of Charges	2 %
Amount to be Written Off	\$83,148	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile versus pedestrian accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$85,148 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	\$3,000	\$1,000	7 %
Lawyer's Cost	-	-	-
LAC+USC Medical Center	\$85,148	\$2,000	13 %
Other Lien Holders	-	-	-
Patient **	-	\$12,000	80 %
Total	-	\$15,000	100 %

* The attorney agreed to reduce his fees from \$3,000 (20%) to \$1,000 (7%).

** Due to the severity of the accident, the patient is receiving 80% of the settlement for ongoing medical care.

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4
DATE: DECEMBER 14, 2010

Total Gross Charges	\$62,568	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$62,568	Date of Service	Various
Compromise Amount Offered	\$3,540.75	% Of Charges	6 %
Amount to be Written Off	\$59,027.25	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$62,568 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$322.64	\$322.64	2 %
H-UCLA Medical Center *	\$62,568	\$3,540.75	24 %
Other Lien Holders *	\$1,459.25	\$1,459.25	10 %
Patient	-	\$4,677.36	31 %
Total	-	\$15,000	100 %

* Lien holders are receiving 34% of the settlement (24% to H-UCLA Medical Center and 10% to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 5
DATE: DECEMBER 14, 2010

Total Gross Charges	\$55,578	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$55,578	Date of Service	Various
Compromise Amount Offered	\$3,786.50	% Of Charges	7 %
Amount to be Written Off	\$51,791.50	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$55,578 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$6,000	\$6,000	40 %
Lawyer's Cost *	\$1,427	\$1,427	10 %
LAC+USC Medical Center	\$55,578	\$3,786.50	25 %
Other Lien Holders	\$4,630	\$1,650	11 %
Patient	-	\$2,136.50	14 %
Total	-	\$15,000	100 %

* Lien holders are receiving 36% of the settlement (25% to LAC+USC Medical Center and 11% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 6
DATE: DECEMBER 14, 2010

Total Gross Charges	\$76,110	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$76,110	Date of Service	Various
Compromise Amount Offered	\$4,166.65	% Of Charges	5 %
Amount to be Written Off	\$71,943.35	Facility	RLANRC

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Rancho Los Amigos National Rehabilitation Center (RLANRC) and incurred total inpatient and outpatient gross charges of \$76,110 for medical services rendered. The patient's Medi-Cal application was denied and the patient did not apply for any of Los Angeles County's low cost/no cost programs. The patient's third party liability (TPL) claim settled for \$25,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$8,333.33	\$8,333.33	33 %
Lawyer's Cost	\$249.02	\$249.02	1 %
RLANRC *	\$76,110	\$4,166.65	17 %
Other Lien Holders *	\$217,798	\$5,251	21 %
Patient	-	\$7,000	28 %
Total	-	\$25,000	100 %

* Lien holders are receiving 38% of the settlement (17% to RLANRC and 21% to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to RLANRC. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 7
DATE: DECEMBER 14, 2010

Total Gross Charges	\$90,280	Account Number	230492
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$90,280	Date of Service	8/20/09 – 8/28/09
Compromise Amount Offered	\$4,861	% Of Charges	5 %
Amount to be Written Off	\$85,419	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient gross charges of \$90,280 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$277.69	\$277.69	2 %
H-UCLA Medical Center *	\$90,280	\$4,861	32 %
Other Lien Holders *	\$4,333.36	\$4,333.36	29 %
Patient	-	\$527.95	4 %
Total	-	\$15,000	100 %

* Lien holders are receiving 61% of the settlement (32% to H-UCLA Medical Center and 29% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 8
DATE: DECEMBER 14, 2010

Total Gross Charges	\$31,242	Account Number	282957
Amount Paid	\$0	Service Type	Inpatient
Balance Due	\$31,242	Date of Service	11/26/09 – 12/02/09
Compromise Amount Offered	\$4,890	% Of Charges	16 %
Amount to be Written Off	\$26,352	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient gross charges of \$31,242 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33 %
Lawyer's Cost	\$316.57	\$316.57	2 %
LAC+USC Medical Center	\$31,242	\$4,890	33 %
Other Lien Holders	-	-	-
Patient	-	\$4,793.43	32 %
Total	-	\$15,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 9
DATE: DECEMBER 14, 2010

Total Gross Charges	\$60,603	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$60,603	Date of Service	Various
Compromise Amount Offered	\$5,000	% Of Charges	8 %
Amount to be Written Off	\$55,603	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$60,603 for medical services rendered. The patient has ATP with no liability. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$5,000	33.33 %
Lawyer's Cost	-	-	-
H-UCLA Medical Center	\$60,603	\$5,000	33.34 %
Other Lien Holders	-	-	-
Patient	-	\$5,000	33.33 %
Total	-	\$15,000	100 %

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 10
DATE: DECEMBER 14, 2010

Total Gross Charges	\$71,712	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$71,712	Date of Service	Various
Compromise Amount Offered	\$5,435	% Of Charges	8 %
Amount to be Written Off	\$66,277	Facility	LAC+USC Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at LAC+USC Medical Center and incurred total inpatient and outpatient gross charges of \$71,712 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$15,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$5,000	\$3,750	25 %
Lawyer's Cost	\$479.49	\$479.49	3 %
LAC+USC Medical Center *	\$71,712	\$5,435	36 %
Other Lien Holders *	\$2,502	\$190	1 %
Patient	-	\$5,145.51	35 %
Total	-	\$15,000	100 %

* Lien holders are receiving 37% of the settlement (36% to LAC+USC Medical Center and 1% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to LAC+USC Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 11
DATE: DECEMBER 14, 2010

Total Gross Charges	\$52,479	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$52,479	Date of Service	Various
Compromise Amount Offered	\$9,000	% Of Charges	17 %
Amount to be Written Off	\$43,479	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$52,479 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for \$25,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$8,333	\$8,333	33 %
Lawyer's Cost	\$859.37	\$859.37	4 %
H-UCLA Medical Center *	\$52,479	\$9,000	36 %
Other Lien Holders *	\$1,295.50	\$1,295.50	5 %
Patient	-	\$5,512.13	22 %
Total	-	\$25,000	100 %

* Lien holders are receiving 41% of the settlement (36% to H-UCLA Medical Center and 5% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 12
DATE: DECEMBER 14, 2010

Total Gross Charges	\$268,696	Account Number	Various
Amount Paid	\$0	Service Type	Inpatient & Outpatient
Balance Due	\$268,696	Date of Service	Various
Compromise Amount Offered	\$29,750	% Of Charges	11 %
Amount to be Written Off	\$238,946	Facility	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of \$268,696 for medical services rendered. The patient has ATP with no liability. The patient's third party liability (TPL) claim settled for \$100,000 and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	\$40,000	\$40,000	40 %
Lawyer's Cost	\$500	\$500	1 %
H-UCLA Medical Center *	\$268,696	\$29,750	30 %
Other Lien Holders *	\$31,441	\$21,441	21 %
Patient	-	\$8,309	8 %
Total	-	\$100,000	100 %

* Lien holders are receiving 51% of the settlement (30% to H-UCLA Medical Center and 21% to others).

Based on DHS' outside collection agency's assessment and recommendation, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 13
DATE: DECEMBER 14, 2010

Total Charges (Providers)	\$87,786	Account Number	EMS 229
Amount Paid to Provider(s)	\$29,629	Service Type / Date of Service	Inpatient & Outpatient 8/20/08 - 8/25/08
Compromise Amount Offered	\$4,110	% of Payment Recovered	13.87 %

JUSTIFICATION

This patient was involved in an automobile versus automobile accident. As a result of this accident, the patient was treated at St. Francis Medical Center and incurred total inpatient and outpatient gross charges of \$87,786 for medical services rendered. The providers have received payment from the Los Angeles County Trauma Fund in the amount of \$29,629. The patient's third-party claim has been settled for \$15,000.00 and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement (\$15,000)
Attorney fees	\$6,000	\$4,000	27 %
Los Angeles County	\$87,786	\$4,110	27 %
Other Lien Holders	\$8,669	\$2,890	19 %
Patient		\$4,000	27 %
Total		\$15,000	100 %

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Lien holders are receiving 46% of the settlement (27% to the Trauma Fund and 19% to others). Proposed settlement reimburses the Trauma Fund 13.87% (\$4,110) of amount paid to St. Francis Medical Center.